



KINSHIP PLACEMENT

ND DEPARTMENT OF HUMAN SERVICES

CFS-ECONOMIC ASSISTANCE

SFN 423 (7-2004)

Today's Date

Name			
Address	City	State	Zip Code
Home Telephone Number	Work Telephone Number	Cell Telephone Number	
Your Relationship to the Child Placed in Your Home			Placement Date

Names of Persons Living at Home	Date of Birth

Has the family considered and ensured that they can care for additional children for whom placement is being considered?				Yes	No
Is there anyone in the household who has suffered from domestic violence?		Yes	No	Is there anyone in the household that has been convicted of a crime?	
				Yes	No
Have you been involved or investigated by Child Protection Services? If yes, give details:		Yes	No	Is there a history of alcohol or other substance abuse?	
				Yes	No
Details of Child Protection					
List any psychiatric/psychological/medical needs or services					
List discipline techniques used in your home					
Describe the agreed upon plan for contact with parents					
List any special instructions for the following:					
Medical			School		
Daycare			Car Seat		

Name of Social Worker	County
Telephone Number	Emergency Telephone Number

This is a temporary placement arrangement. Copy of Kinship reviewed for final decision regarding placement. It is understood that there is no monetary compensation for care.

Confirm receipt of Kinship Care Agreement (Initials)	Date
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